



CITY OF ALEXANDRIA
OFFICE OF BUILDING AND FIRE CODE ADMINISTRATION
301 KING STREET, SUITE 4200
ALEXANDRIA, VIRGINIA 22314
703.746.4200 FAX 703.838.3880

REVISION APPLICATION

IMPORTANT - Applicant to complete **ALL** applicable items

Shaded boxes are FOR OFFICIAL USE ONLY

Permit Number	1. Project Name	Revision #
2. Project Address	Floor/Suite #	3. Date Applied
4. Owner	5. Contact Information: Primary Phone	
6. Owner's Mailing Address (if different from project address)	Secondary Phone Fax E-Mail	
7. Revision Description		
8. Trade disciplines revised: <input type="checkbox"/> Structural/Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Protection System <input type="checkbox"/> Health Department		
9. Project description: <input type="checkbox"/> New construction <input type="checkbox"/> Alteration	10. Estimated construction cost of revision work: (labor, material, overhead & profit)	
11. Code Modification? <input type="checkbox"/> No <input type="checkbox"/> Yes - Code Section:	\$	
12. Site Plan # Released? <input type="checkbox"/> No <input type="checkbox"/> Yes - Date:	13. SUP #	
AFFIDAVIT I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances. Signature of Owner or Authorized Agent Printed Name of Person Applying for Permit Mailing Address Phone / Pager / Fax E-Mail Address		- APPROVALS - Zoning BAR T&ES Code Administration Revision Fee: \$ Date Approved Comments: